

DUR Board Meeting Minutes Draft

Name of Meeting Drug Utilization Review Board

Date of Meeting Thursday, March 23, 2006

Length of Meeting 2:00 PM – 4:05 PM

Location of Meeting DMAS Board Room 13th Floor

Members Present:

Jason Lyman, MD, MS.
Sandra Dawson, R.Ph, MSHA
Geneva Briggs, PharmD
Elaine Ferrary, MS, RN/CFNP
Bill Rock, PharmD
Jane Settle, NP
Randy Ferrance, MD, DC
Avtar Dhillon, MD
Jonathan Evans, MD, MPH
Renita Warren, PharmD

(Not Present: Kelly Goode, PharmD, Sultan Lakhani, M.D.)

DMAS Attendees:

Bryan Tomlinson, DMAS Division Director HCS
Rachel Cain, PharmD
Keith Hayashi, R.Ph
Tyrone Wall, Compliance Specialist

Contractor: Donna Johnson, R.Ph, First Health Services Corporation
Debbie Moody, R.Ph, First Health Services Corporation

Visitors:

Dave Evan, Schering-Plough
Beth Harris, CV Therapeutics
Tara Stanton, Eli Lilly

Call to Order and Introductions

Chair Geneva Briggs called the meeting to order. Rachel Cain introduced two new members, Jonathan Evans, M.D., MPH and Renita Warren, PharmD, to the committee.

The Board reviewed and with a motion, approved the minutes from November 10, 2005.

New Drug

Ms. Johnson presented criteria for the new drug: Ranexa®. The Board approved the criteria with the following recommendations:

Ranexa®- change the patient age criteria from <12y to <18y for the DUR criteria.

Potential RetroDUR Review topics

Ms. Johnson provided six topics for future ProDUR Reports and the following recommendations were made by the committee; the review of the long acting beta agonists should focus on asthmatic patients only, plan on reviewing use of antivirals for the 2006-2007 influenza seasons, and a request to review hospitalized patients receiving both proton pump inhibitors and H2 blockers. In addition, all agreed that letters should be sent on drugs receiving FDA public health advisories in the future.

1. Long Acting Beta Agonists Inhalers FDA Public Health Advisory
2. Telithromycin FDA Public Health Advisory. The full Public Health Advisory and Questions and Answers issued by the FDA can be found at:
<http://www.fda.gov/cder/drug/advisory/telithromycin.htm> and
<http://www.fda.gov/cder/drug/infopage/telithromycin/qa.htm>
3. Use of Antibiotics for URI and the growing concerns of antibiotic overutilization and antibiotic resistance.
4. The CDC recommends that neither amantadine nor rimatadine be used for the treatment or chemoprophylaxis of influenza A infections in the US for the remainder of the 2005-2006 influenza season.
5. Gatifloxacin is contraindicated in patients with diabetes mellitus due to serious reports of hypoglycemia and hyperglycemia (dysglycemia). The full Dear Healthcare Provider letter may be found at
<http://www.fda.gov/medwatch/safety/2006/safety06.htm#Tequin>.
6. Dear Health Care Provider Letter on Rosiglitazone products. Very rare post-marketing reports of new onset and worsening diabetic macular edema. The DHCP letter may be found at:
http://www.fda.gov/medwatch/safety/2006/Avandia_DHCPlatter.pdf

ProDur Reports

The committee reviewed cost and utilization analysis by drug type for FFY 2006.

RetroDur Reports

The Retrospective Drug Utilization Review process for November 2005 through January 2006.

Retrospective Drug Utilization for November 2005

The Retrospective Drug Utilization Review process for November 2005 reviewed drug claims for October 2005 for the Beers criteria.

One thousand medication profiles were generated for all enrollees 65 years and older who met any of the Beers criteria. Letters were sent to prescribers for 166 Medicaid enrollees. There were 183 criteria interventions in a total of 173 letters sent to prescribers whose patients are receiving medications or dosages that are potentially inappropriate for them. Some of the letters contained more than one criteria intervention. If a prescriber responded to a previous letter that the treatment was clinically appropriate, no letter was sent for this review. We must assume that the prescriber has evaluated the risks versus the benefits of using one of these medications in their older patient.

Of particular interest in this review was that thirty percent (55 out of 183) of the criteria interventions involved the use of benzodiazepines in older adults. The use of certain short-acting benzodiazepines in low doses can be appropriate, but others can have an extremely long half-life in older adults, which causes prolonged sedation and an increased incidence of falls and fractures.

Retrospective Drug Utilization for December 2005

The Retrospective Drug Utilization Review process for [December 2005](#) reviewed drug claims for [November 2005](#). This month's topic of review was polypharmacy.

Patients who are seen by multiple prescribers and have their prescriptions filled at multiple pharmacies are at increased risk of medication related adverse events. These patients may lack a primary care physician and a single pharmacy to coordinate and optimize their medication regimen. The focus of this review was to evaluate patients who received greater than nine unique prescriptions in a 34-day period and these prescriptions were written by 3 or more different prescribers and filled at 3 or more different pharmacies. One thousand profiles for patients meeting these criteria were reviewed. Care was taken not to letter when the patients had obvious diseases or combination of diseases that would easily require more than nine prescriptions each month and possibly several doctors. We looked for patients who are chronically at risk for drug interactions, therapeutic duplication, or those who may be doctor or pharmacy shopping. A total of 160 letters were sent to prescribers informing them of their patients' polypharmacy and the potential risk.

There were also 102 re-review profiles for the review of therapeutic duplication alerts for the classes that currently deny at point-of-sale (anti-ulcer agents, ACE inhibitors,

angiotensin receptor blockers, calcium channel blockers (CCBs), nonsteroidal anti-inflammatory agents (NSAIDs), antidepressants, sedative benzodiazepines, thiazide diuretics, loop diuretics and potassium-sparing diuretics). Of the profiles reviewed, 78 showed a change in therapy. No additional letters were sent to prescribers notifying them of the continued existence of the original issue.

Retrospective Drug Utilization for January 2006

The Retrospective Drug Utilization Review process for **January 2006** reviewed drug claims for **December 2005**. This month's topic focused on acetaminophen overutilization.

Acetaminophen is one of the most commonly used pain-relievers in the United States. It is available over-the-counter as well as in combination products with narcotics. A recent article in *Hepatology* reported that this is still an ongoing problem and the leading cause of acute liver failure in the United States.¹ Because this is a potentially hazardous problem, the retroDUR reviewers were asked to review profiles for acetaminophen overutilization. One thousand retroDUR profiles were generated for patients that exceeded a total daily dose of 4 grams acetaminophen. A total of 104 letters were sent to prescribers whose patients were routinely exceeding the maximum limit. Because it is readily available in numerous products, health care professionals should pay close attention to the total amount of acetaminophen that their patients are taking.

There were also 304 re-review profiles for the May 2005 review of the use of atypical antipsychotics in the elderly. This review was based on the FDA's public health advisory, which warned that the use of atypical antipsychotics for the treatment of behavioral disorders in elderly patients with dementia is associated with increased mortality. The FDA requested that the manufacturers of these drugs add a boxed warning to their drug labeling describing this risk and noting that atypical antipsychotics are not approved for the treatment of behavioral symptoms in elderly patients with dementia.² Of the profiles reviewed, 136 (45%) showed a discontinuation in therapy. No additional letters were sent to prescribers notifying them of the continued existence of the original issue.

Other Business and Comments

The By-Laws which had been reviewed and approved by the Board at their November 10, 2005 meeting were signed by Geneva Briggs, Chair, on March 23, 2006 and will be sent to Patrick Finnerty for his signature. In addition, the Prescriber Default ID number problem was discussed. The board was asked for their opinion on this subject and assistance in reviewing an informative DUR letter which could be mailed to pharmacy providers in the future to aid in correcting the problem. The committee agreed the use of a default ID number severely hampers the effectiveness of the DUR program as well as other pharmacy programs at DMAS and the letter should be more direct.

² Deaths with Antipsychotics in Elderly Patients with Behavioral Disturbances. *FDA Public Health Advisory*. April 11, 2005.

www.fda.gov/cder/drug/advisory/antipsychotics.htm

Next Meeting: May 11, 2006

Adjournment: 4:05 P.M.